

FILED FEB 24 1942

Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 4375 Tholozan Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Otto Schweizer

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Schweizer 6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased Dec 5 1901
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
40 1 25 hr. min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Automobile repair

11. Industry or business for self

12. Name Ludwig Schweizer

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Wilhelmina Raule

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Emma Schweizer

(b) Address 4375 Tholozan Ave

17. (a) Burial (b) Date thereof 2-2-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director Wm. J. King

(b) Address 4228 So. Kingshighway Blvd

19. (a) Jan 15 1942 (b) J. P. Brubaker
(Date received local report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4375 Tholozan Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan, day 30, year 1942 hour 1 minute 15 M.

21. I hereby certify that I attended the deceased from Sept 6 1941 to Jan 25 1942

that I last saw him alive on Jan 25 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer Duration _____

of right kidney

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations Cancer right kidney

Of autopsy ✓

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? (City or town) (County) (State) _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury D

23. Signature Robert E. ... (M.D. or other) _____

Address 990 Arcade Bldg Date signed 4/30

Mr. Gold Wilson
812 Olive St.
Mar. 10 1965
7-5

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Edwin S. Neplemuth

Licensed Embalmer No. *3024*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.